

Corporations Division P.O. Box 778 / 600 W. Main Street, Rm 322 Jefferson City, MO 65102

## **Application for Reservation of Name**

(For each name listed, submit fee of \$25 for each business entity **except** Limited Liability Partnerships ) (Submit a fee of \$30.00 for each Limited Liability Partnership)

The undersigned requests that the following name (or names) be reserved for designating a corporation, limited partnership, limited liability company, or limited liability partnership.			
ty company, or limited lia	bility partnership.		
Reserved by:			
Signature	Printed Name	Title	Date
Street		City/State/Zip	
Note: A name may not b	oe reserved for more than 180 days		
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Note: A name may not be			
Name and address to ret Name:			